(Year)

IF UNDER 24 HRS.

Lear

**AUTOPSY** 

(State)

NO

20.

YES

15

LOCATION (City, town, or county)

Greensboro

19

Hours

55

NAME OF CEMETERY OR CREMATORY

Greensboro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 62 carefully legibly. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED Caroline STATE Maryland COUNTY Caroline COUNTY MARYLAND If outside corporate limits, write RURAL, LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) OR item of information TOWN Rural Denton TOWN Rural Denton HOSPITAL OR STREET (If rural give location) clearly ADDRESS INSTITUTION OR STREET ADDRESS None None 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) death DECEASED: Baynard Sr. John (Type or Print) DEATH: 8. DATE OF SINGLE, MARRIED. BIRTH: 5. SEX: COLOR OR 17. 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED, Jo Months Days (Specify) ied Male every OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? BINDING Retrifedrarm Owner Maryland Lone U.S.J. Supply 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Mary Ann Hurd John Baynard te 17. INFORMANT & ADDRESS: IS, WAS DECEASED EVER IN U.S. ARMED FORCEST ID. SOCIAL BECURITY NO. W FOR (Yes, no, or unk.) (If Yes, give war or dates of service) Landa Baynard Denton, Md. 86 plea MEDICAL CERTIFICATION INTERVAL BETWEEN Ü RESERVED UNFADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Asclasion aron ary IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B) WITH MARGIN GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Erterio relevois PLAINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) ZIE INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF TINJURY at work at work 82 OR 22. I hereby certify that I attended the deceased from , 19 that I last saw the deceased TYPE and that death occurred at : 45AM, from the causes and on the date stated above. alive on Mach correct ADDRESS SIGNATURE DATE SIGNED M. D SE

THEREOF

REGISTR (R'S

SIGNATURE

23. BURIAL, CREMATION,

BUTTAT (SPECIFY)

DATE REC'D BY

REGISTRAR 4

A15 30

EA

BUREAU V. S.

SSET OI NAM

RECEIVED

BUREAU V. S.

2361 88 AAM

BECEINED

(Day)

If under. I year | If under 24 hrs. Months. | Days | Hours | Min.

COUNTRY?

12. CITIZEN OF WHAT

(Year)

1953

I. PLACE OF DEATH.

OR give nearest town)

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

COUNTY

3. NAME OF

INJURY

alive on

23. BURIAL, CREMATION

RESIDVAL (Specify) ismia DATE REC'D BY LOCAL

ande

CITY (If outside corporate limits, write RURAL and

### CERTIFICATE OF DEATH

MARYLAND

(Middle)

LENGTH OF STAY

this place)

STATE

OR

STREET

ADDRESS

(Last)

Reg. Dist. No.....

While at

Work

REGISTRAR'S SIGNATURE

22. I hereby certifyathat I attended the deceased from

DATE

At work

(Dekree or title)

INTERVAL BETWEEN INSET AND DEATH

20. AUTOPSY? No L

(STATE)

(COUNTY)

HOW DID INJURY OCCUR?

2. USUAL RESIDENCE (HOME) OF DECEASED.

CITY (If outside corporate limits, write RURAL and give nearest town)

4. DATE

OF

DEATH

(If rural, give location)

(Month)

that I last saw the deceased

3 0 A.m. from the causes and on the date stated above. , and that death occurred at." ADDRESS DATE SIGNED

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

> 24. FUNERAL DIRECTOR ADDRESS



BUREAU V. S.

\$561 CZ \$VW

MECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15-

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25 11 CERTIFICATE OF DEATH

CERTRIC	A	OID	TATE A CITY	
	A	UP	IJP A II	<b>a</b>

02488

J.J. Framptom and Son, Federalsburg, Md.

I. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Caroline MARYLAND	STATE Maryland COUNTY Carol			
CITY (If outside corporate limits, write RURAL (in this place)  X TOWN Preston 50 years	CITY(If outside corporate limits, write RURAL s OR TOWN Preston	nd give nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	î		
S. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (1	Ony) (Year)		
OECEASED: (Type or Print) Peter	eWilde OF March	1 19 55		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, May 24	9. AGE last birthday Months D	EAR IF UNDER 24 HRB.		
OA. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired Retired Farmer Farm Owner	11. BIRTHPLACE (State or foreign country): 12.  Holland U.	CITIZEN OF WHAT		
13. FATHER'S NAME: Cornelius deWilde	14. MOTHER'S MAIDEN NAME: Dina Bustraan			
(Yes, no or unk.) (If Yes, give war or dates of service)  (Yes no or unk.)	Mrs. Maria deWilde, Preston, M	aryland		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  Chronic		INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  DUE TO  DUE TO	Charte Heart Sione	10713		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	N	20, AUTOPSY?		
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, or contributing   Cause of Death of Injury street, office bldg., etc.   11jury occur?   21c. Where DID (City or town) (County) (State of Contributing   Cause of Death of Injury street, office bldg., etc.   11jury occur?   12le Injury occur?   21f. How DID Injury occur?   21f. How DID Injury occur?   22le Injury occur?   22le Injury occur?   21f. How DID Injury occur?   22le Injury oc				

DEVELVED SEC

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2500

2502	CERTIFICATI	E OF	DEATH	Reg. Dist.	No. 62
COUNTY CITY outside corporate limits, write town town town town town town town town	(in this place)	STATE CITY OR	(If outsite corporate lin	and coun	groling d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	3090	STREE ADDRI	Curioff Ess	li soral give location)	7
3. NAME OF DECEASED: (First) MARTHA			NINGS 4. DATE OF DEATH:	(Month) (Day)	19 3 3
RACE: WID	OWED DIVORCED, Dec	OF BIRTH:	872 82	yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of work does during most of working life, even if retired):	10b. KIND OF BUSINESS OF	1	lew Pers	reign country): 12.	COLOUTRY?
13. FATHER'S NAME:	Joffman	2	en s MAIDEN NAME:	dow]	
(Yes, no, or unk.) (If Yes give war or dates of service)		Lys (	Proyol Con	sel, Dent	on, hed,
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH  (a)		Shis		Interval Between Onset And Deat
Antecedent causes (s) Diseases or conditions, if any,	(a) grterio E TO Parleinson E TO	s Des	ran	en e	8 gens
	(e)				1
Conditions contributing to the death but related to the disease or condition causing	ng death.				
19a. DATE OF OPERATION: 19b. MAJO	OR FINDINGS OF OPERATION				Yes No No
SUICIDE	ACE (Home, farm, factory, street office bldg., etc.)	(CITY	OR TOWN)	(COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED   While at Not While Work   At Work		D INJURY OCCUR?		
22. I hereby certify that I attended alive on Machine 1957, an SIGNATURE	d that death occurred at ./.	4	to Maid (), 1	and on the date	TE SIGNED
23. PHRIAL, CREMATION, DATE THEIR PAMOVAL (Specify) Cular. 2	TUTTS MA REGES'S NAME OF CEMETE	RY OR CRE	EMATORY LOCATE	ON (City, town, or so)	3-71.55.
DATE REC'D BY LOCAL REGISTRAL REGISTRAL	es signourus	24. FONE	egel home	Son, Jest	ADDRESS.

VS. A15

MARGIN RESERVED FOR BINDING

SECENTED SOL

BUREAU V. S.

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T. PLACE OF DEATH:  COUNTY JETOLING  COUNTY JETOLING  MARYLAND  CITY (If Outside corporate limits, write RURAL, LENGTH OF STAY  OR and give nearrest town)  TOWN RUTAL JETOENSBOTO  STREET  (If rural rive location)  NON  RUSPITAL OR  ROSPITAL OR  ROSPITAL OR  ROSPITAL OR  ROSPITAL OR  STREET  (If rural rive location)  NON  STREET  (If rural rive location)  ADDRESS	2503 CERTIFICATI	E OF DEATH Reg. Dist.	No. 4/		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RUTT 1. TRENBOOTO TOWN RUTT 1. TRENB	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1;		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN RUTT 1. TRENDEDOTO TOWN RUT	COUNTY Caroline MARYLAND	STATE Maryland county Carol	ine		
TOWN RUPS   Treensboro   Town Rups   Treensboro   X	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate fimits, write RURAL at			
INSTITUTION OF STREET ADDRESS  NOB  STREET ADDRESS NOB  STREET  STREET	OR and give nearest town) (in this place)	TOWN Dury T Craenchord	Y		
S TAREET ADDRESS  NOME  S NAME OF (First) (Middle) (Last)  DECEASED: (First) (Middle) (Last)  DECEASED: (First) (Middle) (Last)  DECEASED: (Middle) (Last) (Middle) (Last)  DECEASED: (Middle) (	HOSPITAL OR	STREET (If rural give location)			
SAME OF   First   Moddle   Moddle   Clast   A. DATE (Month)   (Day)   (Year)	ACTREET ADDRESS		*		
DECEASED: TOP OF PRINT: GOODE JOSEPH KIDLEY  5. SEX: 6. COLOR OR 7. SINGLE MARRIED S DATE OF BIRTH: 9. AGE last birthday! I under 1 year 1 yea			av) (Year)		
Sale   State	DECEASED: (Type or Print: George Joseph Kib:	ler DEATH: 3 6	5519		
Work done during most of working life, Party is Station or Indeed to the Station of the Station of the Station of the Station of Sta	RACE: WIDOWED, DIVORCED.	/1903 51 yrs. Months Da	ays Hours Min.		
Father's Name:   14. Mother's Maiden Name:   14. Mother's Maiden Name:   14. Mother's Maiden Name:   14. Mother's Maiden Name:   15. Was deceased ever in U.S. Amked Forces?   16. Social Security No.   17. Informant a Address:   18. Medical Certification   1	WORK done during most of working life. OR INDUSTRY:				
Louis Kibler  13. WAS DECEASED EVER IN U.S. ARREO FORCES? (Yes, 50. or unk.) (If Yes, give war or dates)  14. SOCIAL SECURITY NO.  15. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (B)  DUE TO  10. DUE TO  11. INFORMANT & ADDRESS:  Anne Bradford Greensboro, i.d.  INTERVAL SETWEEN ONSET AND DEATH  TO THE ABOVE CAUSE (B)  DUE TO  10. Clearly Manual Leading Countries  10. Country Leading Countries  11. INFORMANT & ADDRESS:  Anne Bradford Greensboro, i.d.  INTERVAL SETWEEN ONSET AND DEATH  TO THE ABOVE CAUSE (B)  DUE TO  11. OTHER SIGNIFICANT CONDITIONS IF ANY.  (B)  DISEASES OR CONDITIONS, IF ANY.  (C)  12. AUCUSTUS Leading Leading Countries  13. MEDICAL CAUSE LAST.  (C)  14. Country Leading Leadi		Maryland   U.	S.A.		
13. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, 500 or unk.)  (18 Yes, give war or dates)  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE  (A)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  20. AUTOPSY?  YES NO  21A. ACCIDENT WAS UNDERLYING  21B. PLACE (Home, farm, factory.)  21A. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  OF INJURY Street, office bids., etc.  10 TIME (Month)  (Day)  (Year)  (Round)  (State)  21F. HOW DID INJURY OCCUR?  (C)  21F. HOW DID INJURY OCCUR?  DATE SIGNIFURE  DATE SIGNIFURE  DATE SIGNIFURE  DATE SIGNIFURE  DATE SIGNIFURE  DATE SIGNIFURE  M. DATE SIGNED	13. FATHER'S NAME:				
Yes, stop or unk.   (If Yes, give war or dates   214-30-7985   Anne Bradford Greensboro   1.1   1.1   1.2   1.2   1.3	Louis Kibler	Elizabeth Schreiber			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    IMMEDIATE CAUSE	19. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.  11 OTHER MONTHY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.  11 OTHER MONTHY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.  11 OTHER MONTHY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING OF INJURY OCCUR?  12 INJURY OCCUR?  While Not while	of service) 214-30-7985	Anne Bradford Greensboro,	Md.		
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ANTECEDENT CAUSE (8)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.  21B. PLACE (Home, farm, factory, INJURY OCCUR?  21C. WHERE DID (City or town) (County) (State) OF INJURY Street, office bidg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At work at work at work 22. I hereby certify that I attended the deceased from May. 6, 1955 that I last saw the deceased of the late of the date stated above.  22A. I hereby certify that I attended the deceased from May. 6, 1955 that I last saw the deceased of the late stated above.  22B. I hereby certify that I attended the deceased from May. 6, 1955 that I last saw the deceased of the late stated above.  22C. I hereby certify that I attended the deceased from May. 6, 1955 that I last saw the deceased of the late stated above.  23C. AUTOPSY?  YES NO  13D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  23C. AUTOPSY?  YES NO  13D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  25C. AUTOPSY?  AND AUTOPSY?  YES NO  15D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  AND AUTOPSY?  AND AUTOPSY?  YES NO  15D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR?  15D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR?  15D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR?  15D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR?  15D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR?  15D. TIME (Month) (Day) (Year) (Hour) (Year) (Hour) (Year)		4 1 0	ONSET AND DEATH		
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. INJURY OCCUR? (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)		my enfection	7 ceso.		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR? While   Not white   Not white   22. I hereby certify that I attended the deceased from Nav. 6, 1955 that I last saw the deceased attended to the deceased from Nav. 6, 1955 that I last saw the deceased street of the last saw the deceased saw the last saw the deceased street of the last saw the deceased saw the last saw the deceased saw the last saw the deceased saw the last saw the last saw the deceased saw the last saw the	TO THE DEATH BUT NOT RELATED TO THE	Copy (place that)			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not white at work 21F. HOW DID INJURY OCCUR?  While Not white at work 21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from Man. 6, 1955, to Man. 6, 1955, that I last saw the deceased attended the deceased from Man. 6, 1955, and that death occurred at 6 M. M. from the causes and on the date stated above.  SIGNATURE  M. D. M. C. SIGNED  M. D. M. C. SI	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N V			
22. I hereby certify that I attended the deceased from Man. 6, 1955, to Man. 6, 1955 that I last saw the deceased stife on Man. 6, 1955, and that death occurred at 6 in M, from the causes and on the date stated above.  Significant  M. D. M. D. M. D. M. D. M. C. 1955 that I last saw the deceased above.  DATE SIGNED  M. D. M. D. M. D. M. D. M. C. 1955 that I last saw the deceased above.  DATE SIGNED  M. D. M. D. M. D. M. D. M. C. 1955 that I last saw the deceased above.  DATE SIGNED	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Man. 6, 1955, to Man. 6, 1955, that I last saw the deceased state on Man. 6, 1955, and that death occurred at 6 M. from the causes and on the date stated above.  SIGNATURE  M.D. MICHELLE M.D. MARCA 7/55		D   21F. HOW DID INJURY OCCUR?			
SIGNIFURE  SIGNIFURE  M.D. M. From the causes and on the date stated above.  DATE SIGNED  M.D. M.C. SIGNED  M.D. M.C. SIGNED  M.D. M.C. SIGNED  M.D. M. SIGNED  M.					
Signifule A Treacister M.D. Recention Jud March 7/55	22. I hereby certify that I attended the deceased from Kar.	6, 1955, 40 Mar. 6, 1955, that I last	saw the deceased		
Charle Hot newsler M.D. Recention Jud March 7/55	sofe on Mary 6 , 1955, and that death occurred at	6 A.M. from the causes and on the date s	lated above.		
	SIGNITURE A SIGNITURE	ADDRESS / DAT	SIGNED		
23. BURIAL, CREMATION, DATE THEREOF / NAME OF CEMETERY OF CREMATORY   LOCATION (City, town, or county) (State)			Con Contract of the Contract o		
REMOVAL (SPECIFY) 3/3/55 / Holy Cross					

MARGIN RESERVED FOR BINDING

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

DATE REC'D REGISTRAR

BY LOCAL

REGISTRAR'S

Supply every item of information carefully. The

-10 - 53A15 SS



S 11 1925

ELLEAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2504 CERTIFICATE OF DEATH

Reg Dist No. 66

02491

	WWW.	TOR ADMILLAR Reg. Dist. 110.	
Jy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOMF) OF DECEASED:	
gip	county Caroline MARYLAND	STATE 'aryland county Caroline	
and legibl	CITY (if outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY: If outside corporate limits, write RURAL and give nearest to OR TOWN RURAL RIDGELY	own)
20	X TOWN Rural Ridgely   06 Yrs.	STREET (If rurai give iocation)	
lear	INSTITUTION OR NONE	ADDRESS	
death clearly	DECEASED: 16-12-22 Washington	(Last) 4, DATE (Month) (Day) (Year) OF 3 6 559	
of	5. SEX. 6. COLOR OR 7. SINGLE MARRIED. 8 DATE WIDOWED, DIVORCED. 7/15	OF BIRTH: 9. AGE last birthday   Months   Days   Hours   M	in.
causes	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, or INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE Laryland	HAT
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
te t	Cherry Lockman an	Mary Armstrong	
e write the	(Yes, no, or unk.) (If Yes, give war or dates of service) 218_09_5825	Hattie Lockman Ridgely, Md.	
important, Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HH IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	encular Regal Deserve	
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	etc. INJURY OCCUR?	
is es			
correct me	SIGNATURE X FRENCH M	ADDRESS DATE SIGNED  O. D.	sed
	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 3/9/55 7/11/14 6 Saird	J. E. Boulas Trenslors Md	٠

VS. A15 — 10 - 53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Ę.	25°5 CERTIFICATI	E OF DEATH Reg. Dist	. No. 6/
	ully Iy.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	every item of information carefully.	COUNTY CAPOline MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN CREATSDORD W55 Yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS NONe	STATE MITY 3nd COUNT CATOL CITY If outside corporate limits, write RURAL a TOWN GREENSBORO  STREET (If rural give location) ADDRESS  None	and give nearest town
	m of indeath c	3. NAME OF (First) (Middle)  DECKASED:   Type or Print: Frank Finch Mans		Day) (Year) 5 55 19
	y item s of dea	5. SEX:  6 COLOR OR  7. SINGLE, MARRIED.   8. DATE	9. AGE last birthday IF UNDER CY Months D	PEAR IF UNDER 24 Hes. Days Hours Min.
DNG.	y every	work done during most of working life. OR INDUSTRY:		CITIZEN OF WHAT
BINDING	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	1	Andrew Hanship  IB. WAS DECEASED EVER IN U.S. ARMED FORCEST   IS. SOCIAL SECURITY NO.	Lida Tinley	
FOR	INK.	(Yes, no, or unk.) (If Yes, give war or dates 217-05-7885	Cora Manship Greensboro,	1.d.
RESERVED	UNFADING sicians: plea	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, (B)	Culay Reval Disease	INTERVAL BETWEEN
MARGIN	¥ I.	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
MA		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	many Oclarssis	
	-79	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
N	हा ब	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (1F E)THER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
4	R WRITI	OF INJURY  OF INJURY  OF M.   21E INJURY OCCURRED  While   Not while   at work   at work		
	O e	22. I hereby certify that I attended the deceased from Niv.	12, 1954, to hs V. 25, 1953, that I last	saw the deceased
- 10 - 53	SE TYPE		. D. Galeer bus hed DAT	resigned warch 28,8
115	A A S	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 3/29/55 Greenshore		county) (State

(Day)

Days

(Year)

Hours

OF WHAT

Interval Between

Onset And Death

Yes No

(STATE)

LOCKTION (Cry, town, or county)

1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give learest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF 4. DATE (Month) (Middle) DECEASED (Type or Print) DEATH: 5. SEX: 6. COLOR OR 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS 7. SINGLE. MARRIED. RACE: 9 WIDOWED, DIVORCED Months (Spain) 10a. USUAL OCCUPATION Give kind of work done danged most of working life, even if retired. country): |12. CITIZEN 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or INDUSTRY: I3. FATHER'S NAM 15 WAS DECEASED EVER IN U.S. ARMED FO CES! 16. SOCIAL SECURITY NO.: 17. INFORMANT & (Yes, no, or unk.) (If Yes, give war or dates of service) LCO 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 112 adets a (a) Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) . giving rise to the above cause stating the underlying cause last. DUE TO OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) SUICIDE office bldg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY At Work Work [ ,194 4, to Kan 10 , 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from 4145071, from the causes and on the date stated above. alive on 19.55, and that death occurred at

(Degree or title)

cmref. and

clearly informatio≡

death

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Supply write th

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Physicians:

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Jo Jo

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BUREAU V. E.



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. The	25°8 CERTIFICATI	E OF DEATH Reg. Dist. No. 4/
of information carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOMF) OF DECEASED:
	county Caroline MARYLAND	STATE 1/3 ryland count Caroline
	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	X TOWN Rural Greensboro 51 Yrs.	TOWN Rural Greensboro
	HOSPITAL OR	STREET (If rural give location)
	*STREET ADDRESS LONe	ADDRESS
		(Last) 4. DATE (Month) (Day) (Year)
m of i	OECEASED: (Type or Print) Lawrence George Sch	reiber DEATH 3 14 55 19
item of de		1903 9. AGE last birthdsy   Funder 1 year   Funder 24 Has.  Months Days Hours Min.
	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	1903 51 yrs
every	work done during most of working life. OR INDUSTRY:	i COUNTRY?
e ca	Farthers NAME:	Maryland U.S. V.
Supply te the c	George P. Schreiber	Josephine Brogely
	18. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) 220-12-5336	Kathryn Schreiber Greensboro, Md.
	18. MEDICAL GERTIFICAT	
ZI G	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
UNFADING sicians: ples	If IMMEDIATE CAUSE (A) Cardio Va	scular Royal Deseave
JNE	ANTECEDENT CAUSE (\$)	
WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
	(c)	
. 2	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	many Historian
N du	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?
EA.		YES NO
WRITE-PLAINLY sespecially import	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
Se is	22. I hereby certify that I attended the deceased from Och.	15, 1954, to/Na/V. 14, 1953, that I last saw the deceased
E 88	alive on Man. /4., 195. 7, and that death occurred at	D - /
	Clark N Theenler M	. Greech hed Warch 17, 1853
EASE	- REMOVAL (SPECIFY)	ERY OF CREMATORY LOCATION (City, town, or county) (State)
	Burial 3/17/55 / Holy Cro	Greensboro Md.

VS. A15-

PLEASE TYPE OR WRI

MARGIN RESERVIN FOR BINDING

TIMINA ST

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BUNEAU V. S.

1 V = 221

PLEASE TYPE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2510 CERTIFICATE OF DEATH

02497

	CERTIFICATI	de DEALL Reg. Dist.	No		
ı	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	)4		
0	COUNTY Caroline MARYLAND	STATE Maryland COUNTY Caroline			
	CITY (If outside corporate limits, write RURAL CORP and give nearest town)  Y TOWN Preston - Rural Lite	CITY(If outside corporate limits, write RURAL at OR TOWN Preston - Rural	nd give nearest town)		
	HOSPITAL OR INSTITUTION OR STREET ADDRESS HAIMONY	STREET (If rural give location) ADDRESS Harmony	7		
	DECEASED:	OF.	(Year) 28 19 55		
42	5. SEX.   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, WIDOWED, WIDOWE	y 31, 1887  9. AGE last birthday FUNDER 1 YI	EAS   IT UNDER 24 HRS.  Rys   Hours   Min.		
225	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired) Retired Famer Fam Owner	Caroline County, Maryland	CITIZEN OF WHAT COUNTRY? J.S.A.		
2	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
2	George W. Towers	Julia E. Liden			
	Yes, no, or unk.) (If Yes, give war or dates of service)  (Yes, no, or unk.) (If Yes, give war or dates of service)  Unknown	G. Chester Towers, Landover, M.	aryland		
2	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
Š,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
n	IMMEDIATE CAUSE (A) ACUTE	I analy Oce/ussim	Inviule		
270101	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)	Schonsis or his PAGICAL	10415		
V. 1 11.V	STATING UNDERLYING CAUSE LAST.  (C)  (C)	my bilein salerosio	10905		
מו נפוו	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	les Mellihos Medadas	10417		
A THE P	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?		
CCIMIL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)		
200	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F HOW DID INJURY OCCUR?			
281	22. I hereby certify that I attended the deceased from 1/10	, 1957, to 3./2., 1917, that I last			
correct	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	P. M. from the causes and on the date s DDRESS DAT  DAT  LO, THE Th. LOCATION (City, town, or	SUIS S		
	REMOVAL (SPECIFY) Burial March 31,1955 Linchester	Cemetery Preston, Marylan	nd		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR COMPLIAND Plummer	J.J.Framptom and Son, Federal	ADDRESS sburg, Md.		

S A META

r 99p

### MARYLAND STATE DEPARTMENT OF HEALTH

2511

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
Caroline MARYLAND	state A.d. Caroline
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
X TOWN rive nearest town) rural (in 3his place)	Town Federalsburg X
HOSPITAL OR INSTITUTION OR THE LANGE CONTROL	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Federalsburg	ADDRESS rural Allen Corner Rd.
3. NAME OF (First) (Middle)	
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John E. Towers	DEATH LAT . 29, 1955 19
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under   year   If under 24 hre.   Months   Days   Hours   Min.
MAIE White (Specify) Married	1 Mi
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY none	Maryland Country U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abraham Towers	Sarah (last name unknown)
15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of	
no lecrvice) VES	J. Elwood Towers Federalsburg, i.d.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Chargest and Dates
2160	in burning building
116. Immediate cause (a)	calcail. purhule
Automodernt source(a)	
Antecedent cause(s) Diseases or conditions, if any, (b)	un frusung freelder
EIALITE LIBE OF THE WOOAS CHARA	The second secon
atating the underlying cause last	
(c)	
(c) II. OTHER SIGNIFICANT CONDITIONS	
(c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
(c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not	20. AUTOPSY?
(c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	V
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	20. AUTOPSY!   Yea
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SHICIDE	Yes D No X
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (CECALAL INJURY OCCURRED)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes D No X
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Specify) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While .	GOUNTY)  GOUNTY)  GOUNTY)  GOUNTY)  HOW DID INJURY OCCUR?
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (CECALAL INJURY OCCURRED)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	GOUNTY) (STATE)  GOUNTY) (STATE)
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) HOMICIDE COLLEGATION (No. 1)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 3 - 29 - 55 2 m. Work At work	HOW BID INJURY OCCUR?  HOW BID INJURY OCCUR?  Description of the state
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Specify) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While .	GOUNTY)  GOUNTY)  GOUNTY)  GOUNTY)  HOW DID INJURY OCCUR?
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.) / OF office bidg., etc.) / TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY 3 - 29 - 55 2 m. While at Not While INJURY 3 - 29 - 55 2 m. Work   At work of the condition of the	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  Legisland Control of Country of
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) HOMICIDE COLLEGATION (No. 1)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 3 - 29 - 55 2 m. Work At work	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  Legisland Comming building  Legisland Co
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE HOMICIDE (Lecture INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 3 - 29 - 55 2 m. While at Work At work of the Accessed from	How bid injury occur?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE Colored (NJURY) OCCURRED (While at Not While INJURY 3 - 29 - 55 % m. Work At work alive on 10 may and that death occurred at SIGNATURE (Degree or title)	How DID INJURY OCCUR?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 3 - 29 - 55 2 m. Work At work alive on 19 m., and that death occurred at SIGNATURE (Degree or title)  22. I hereby certify that I attended the deceased from 19 m. (Degree or title)	How DID INJURY OCCUR?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Off office bldg, etc.) (Hour) office bldg, etc.) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY 3 - 29 - 55 % m. Work At work 22. I hereby certify that I attended the deceased from the salive on 10 may 1	(CITY OR TOWN)  (CITY OR TOWN)  (STATE)  How bid injury occur?  (STATE)  How bid injury occur?  (STATE)  (STATE)  How bid injury occur?  (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (Hour) INJURY OCCURRED While at Not While INJURY 2 - 29 - 55 2 m. Work At work of A	How DID INJURY OCCUR?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Off office bldg, etc.) (Hour) office bldg, etc.) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY 3 - 29 - 55 % m. Work At work 22. I hereby certify that I attended the deceased from the salive on 10 may 1	Tem D No King (CITY OR TOWN)  GOUNTY)  GOUNTY)  GRATE  How DID INJURY OCCUR?  Leading fulling  Leading fulling  Leading fulling  Mathematical Security  Location (City, town, or county)  Cometery near Preston, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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- 1-4	U	.1	2

	2512 CERTIFICATE OF DEATH	Reg. Dist. No.
oly.	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME	OF DECEASED:
clearly and legfbly	X OR and give nearest town)  Town  CITY (If outside corporate limits, write RURAL (in this place)  Town  CITY If outside corporate limits or Town  Town  Den + 6 m	ounty Co you have nearest town write RURAL and give nearest town your in give location)
please write the causes of death c	Male Co (Specify): Single 3/4/98 57  10A USUAL OCCUPATION (Give kind of control of service)  10A USUAL OCCUPATION (Give kind of control of service)  10A USUAL OCCUPATION (Give kind of control of service)  11. BIRTHPLACE (State or foreign of service)  12. BIRTHPLACE (State or foreign of industry:  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DICKASED EVER IN U.S. ARNED FORCEST (SOCIAL SECURITY NO.)  16. SOCIAL SECURITY NO. (The control of service)  18. MEDICAL CERTIFICATION	thday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.  n country): 12. CITIZEN OF WHA COUNTRY?  LU S.A.  INTERVAL BETWEE
	420./ Cospuse Aral.	ONSET AND DEATH
Physicians		in 29m
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  ALLIES DELLOS	44-
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
is especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, or contributing cause of death of injury street, office bidg., etc. injury occur?  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCURRED   21F. HOW	R?
correct age	alive on 3 - 36 1955, and that death occurred at 10 ff M, from the causes and significant of the causes are caused on the causes and significant of the causes are caused on the causes are caused on the causes are caused on the cause of the causes are caused on the cause of the causes are caused on the cause of t	

VS. A15-10-53

arefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

MARGIN RESERVED FOR BINDING

nt M

VS. A15

# 2513

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02500 Reg. Dist. No. 6

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Caroline MARYLAND	STATE Delaware new land
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
X TOWN Hadely milking (in this place)	TOWN Townsond 14 X -3
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
O STREET ADDRESS /	Claware RIDI
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	44 70 V DEATH 3 - 22- 100
5. SEX 6. TOLOR OR RACE 7 SENCE MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months. Days Hours Min.
(Spepty) (yeldow	11-30 100 1 0 yrs.
done during most of working life eyen if retired) Industry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hanson Harris	Revisco harr
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS /
(Yes, no, or unknown) (If year, give war or dates of scrvice)	Busien floopers Towns
AA BENNEAU AND	MINISTER OF THE STATE OF THE ST
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1150, ) Melsond, al	tarallellente Back
Immediate cause (a)	and the region of the second o
Antecedent cause(s)	
Diseases or conditions, if any, (b) Grand Jele of	s, Knowal grad Trais.
giving rise to the above cause	ag s la man of the Man
stating the underlying cause last	Jan Ell M. Joules There.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	Jy - tre benie
192. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	4)6
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCURY
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 1953, to 3-22-, 1955, that I last saw the deceased
A A A	21 6 7
alive on	ADDRESS, from the causes and on the date stated above.
Charles I I muse To M. A.	NAGELY Martine 32355
23. BURIAL, CREMATION   DATE NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, fown, or county) (State),
REMOVAL (Specify) 3-25-59 Bethal	Courties Chialiane citize mid.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ( ADDRESS

AAM.

BUREAU V.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		OF DEAT	Lech. D	ist. No. 4/
I. PLACE OF DEATH:		2. USUAL RESIDEN	ICE (HOME) OF DECEA	SED:
county Caroline	MARYLAND	STATE Maryl	and county Car	oline
CITY (If outside corporate limits, write RUF OR and give nearest town)	RAL LENGTH OF STAY		rporate limits, write RURA	L and give nearest town)
X Town Greensboro	72 Yrs.	TOWN Gree	nsboro	X
HOSPITAL OR INSTITUTION OR		STREET	(If rural give location	on)
STREET ADDRESS None		ADDRESS	None	
3. NAME OF (First)	(Middle)	Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Wilmer	Webb	er	OF DEATH: 3	16 559
5. SEX: 16. COLOR OR 17. SINGLE, M			AGE last birthday IF UNDER	T I YEAR IF UNDER 24 HRS.
Male White Marrie	d 5/8/	1882	72 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10s, work done during most of working life.	KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (St	ate or foreign country): 1	2. CITIZEN OF WHAT
	one	Maryland	U	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
William Webbe	r	Maggie To	dd	
/W	e. SOCIAL SECURITY No.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates of service)	20-03-3557 A	Katie Webb	er Greensboro	Md.
2 46				ONSET AND DEATH
ANTECEDENT CAUSE (E)  DISEASES OR CONDITIONS, IF ANY.	A) Corona B) Pelesuselle	ent There exten Can	ntros de de la Cuelo	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	B. Calery sell	ent There	aloves Culm	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH	E TO  C)  TRIBUTING  E	ent There exten Can	ntros de de la Cuela	
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IMMEDIATE CAUSE  ANTECEDENT CAUSE (E)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	E TO  B: Calour sell  C: TO  TRIBUTING  E TH.		ntroes" devous Cubr	
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IMMEDIATE CAUSE  ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19A. DATE OF OPERATION: 19B. MAJOR FI  21A. ACCIDENT WAS UNDERLYING OF 19B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 2 07 TABLUTY	E TO  B) Calbum Sell E TO  C) FRIBUTING E TH. NDINGS OF OPERATION  PLACE (Home, farm, fact	ory, 21c, WHERE DI	D (City or town) (Co	20. AUTOPSY7
IMMEDIATE CAUSE  ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19A. DATE OF OPERATION: 19B. MAJOR FI  21A. ACCIDENT WAS UNDERLYING OF 19B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF 19B.  W. S.	E TO  B) CLUSION SER  E TO  C)  FRIBUTING  E  TH.  NDINGS OF OPERATION  PLACE (Home, farm, fact NJURY street, office bidg.,  Ville INJURY OCCURRED  While Not while at work	ory. 21c. WHERE DIT etc. INJURY OCCURT	D (City or town) (Co	20. AUTOPSY? YES NO [] OUNTY) (State)
ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19A. DATE OF OPERATION: 19B. MAJOR FI  21A. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF TOR CONTRIBUTING CAUSE OF DEATH OF TINJURY  M. a  22. I hereby certify that I attended the alive on May 19 19 5, and the	E TO  C)  FRIBUTING  E  TH.  NDINGS OF OPERATION  PLACE (Home, farm, fact  NJURY street, office bidg.,  Ville Not while  t work at work  deceased from Make  hat death occurred at	21c. WHERE DIE INJURY OCCUR!  21f. HOW DID IN  A. 1954, to Ma.	D (City or town) (Co JURY OCCUR? V. 10, 1955, that I le causes and on the da	20. AUTOPSY? YES NO (State)  ast saw the deceased
ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19A. DATE OF OPERATION: 19B. MAJOR FI  21A. ACCIDENT WAS UNDERLYING OF 18B. OF 18B. OR CONTRIBUTING CAUSE OF DEATH OF THE (Month) (Day) (Year) (Hour) 2  21D. TIME (Month) (Day) (Year) (Hour) 2  22. I hereby certify that I attended the alive on Management of the standard	E TO  C)  TRIBUTING  E  TH.  NDINGS OF OPERATION  PLACE (Home, farm, fact NJURY street, office bidg.,  IE INJURY OCCURRED  While Not while twork at work  deceased from Much hat death occurred at	21r. HOW DID IN  21r. HOW DID IN  A. 1954, to Ma.	D (City or town) (Co JURY OCCUR? V. 10, 1955, that I le causes and on the da	20. AUTOPSY? YES NO (State)  ast saw the deceased te stated above. DATE SIGNED  Was Ch 17 /55
ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19A. DATE OF OPERATION: 19B. MAJOR FI  21A. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF TOTAL CONTRIBUTION CAUSING OF IT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 2 OF TINJURY M. a  22. I hereby certify that I attended the alive on MANUAL (2) 15.55, and the support of the cause of t	E TO  C)  TRIBUTING  E  TH.  NDINGS OF OPERATION  PLACE (Home, farm, fact NJURY street, office bidg.,  IE INJURY OCCURRED  While Not while twork at work  deceased from Much hat death occurred at	21F. HOW DID IN  21F. HOW DID IN  A., 1954 to Ma.,  A., from the  ADDRESS  D. CREMATORY	JURY OCCUR?  V. M., 1955, that I le causes and on the day	20. AUTOPSY? YES NO (State)  ast saw the deceased te stated above. DATE SIGNED  Was Ch 17 /55

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# BUREAU V. S.

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